IND PLAN	NT OF DEFICIENCIES FOR CORRECTION	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) ARI II T	PLE CONST	1/31/15	OMB I	RM APPROVIO. 0938-0
	O CONNECTION	IDENTIFICATION NUMBER:	A BUILDIA		kneilou.	(0(3)	DATE SURVEY COMPLETED
NAME OF	PROVIDER OR SUPPLIER	445360	B. WING				
	VA HEALTH CARE-TE			STREET AD	DRESS, CITY, STATE, ZIP CODE OAK HILL AVENUE		12/17/2014
(X4) ID				KNOXVIL	LE, TN 37917		
PREFIX TAG	TONOR DESIGNERS	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(E CRO	PROVIDERS PLAN OF CORRECTI ACH CORRECTIVE ACTION SHOU SS-REFERENCED TO THE APPRO DEFICIENCY)	in ne	COMPLETI DATE
F 000	INITIAL COMMEN	rs	F 000));			
- 323 SS=G	2014, at Tennova T deficiency was cited investigation #3396	5, were completed on I, through December 17, ransitional Care Unit, A I related to the complaint 5, under 42 CFR Part 483, ong Term Care Facilities. ACCIDENT	F 323				
	as is possible; and e	sure that the resident s as free of accident hazards ach resident receives n and assistance devices to	F323	Direc follo resid	a) A tab alarm was immedia	ately	05/14/14
f ii d tt	Based on medical re acility investigation, f nterview, the facility f levice was in place fo hree residents review esidents reviewed re	is not met as evidenced cord review, review of the acility policy review, and alled to ensure a safety or one resident (#224) of red for accidents of nineteen sulting in a fall with harm.		b	placed on the resident by assigned nurse. The plan care was reviewed with 1 of staff specific to the facthe resident was to have tab alarm on at all times. The resident was assigned sitter during a 5 hour perincreased anxiety on 5/16. The resident was monitor each shift regarding level.	of .00% t that the i a 1:1 od of /14.	05/16/14
1	he findings included: lesident #224 was ac , 2014, with diagnose	mitted to the facility on May			enxiety.		
8		~ www.nuid DutichtA					
0	alking and Urinary T	ract Infection.	ļ			ļ	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 30 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 12/23/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING _ COMPLETED 445360 B. WING NAME OF PROVIDER OR SUPPLIER 12/17/2014 STREET ADDRESS, CITY, STATE, ZIP CODE **TENNOVA HEALTH CARE-TENNOVA TCU** 900 EAST OAK HILL AVENUE KNOXVILLE, TN: 37917 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 323 Continued From page 1 F 323 Medical record review of the Admission Care Plan All residents had the potential to be dated May 8, 2014, revealed "Evidence of Falls Risk...Encourage use of call light...instruct affected. In order to determine which resident on safety measures...Alarm Type: Bed..." TCU residents were at risk, the following actions were taken for 100% of TCU Medical record review of the Fall Risk residents: Assessment dated May 8, 2014, revealed the a) Each resident was re-assessed 05/30/14 resident scored 80 (greater than 45 High Risk), by staff Registered Nurses and "interventions implemented: Low and/or the Director of Nursing Bed...Patient Education..." utilizing the Morse Fall Scale to ensure fall score and Medical record review of the Admission Nursing interventions were consistent Assessment dated May 8, 2014, revealed with resident's assessed needs "...Short term memory problem [no recall after 5 for fall prevention / safety and minutes]...Orientation consistent with the policy. person...place...situation...Modified Each resident's care plan was Independent-difficulty in new 05/30/14 situations...Ambulates yes...1 person physical audited by staff Registered assist...walker..." Nurses and/or the Director of Nursing to ensure consistency Medical record review of the Admission Minimum

protocol..."

Data Set (MDS) dated May 14, 2014, revealed

cognitive skills for daily decision making, required

Medical record review of the Nursing Note dated

[patient] fell in bathroom. Did not call for help. CT

May 14, 2014, revealed "...1725 [5:25 p.m.] Pt

[Computed Tomography] of head due to hitting head in shower. Neurochecks [and] vitals per fall

Review of the facility investigation dated May 14,

2014, revealed "...1725 Nurse heard patient call

on...back. Patient states...walked to the bathroom

and as...was turning to use tollet...fell in to the

out for help. Found in the bathroom floor

the resident was moderately impaired for

extensive assistance of one person for bed mobility, transfer, walk in room, and tollet use.

3)

Began

05/15/14

ongoing

with Morse Fall Scale score and

implemented a daily falls safety

huddle on the Transitional Care

Unit to ensure all staff are

following a set agenda and

and ancillary staff. Huddle

kept on the unit. Any issues

familiar with each resident's

plan of care. The safety huddle is held 7 days per week.

form, and attended by nursing

outcomes are tracked via a log

validated necessary

a) The Director of Nursing

interventions for fall risk

reduction were in place.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES

PRINTED: 12/23/2014 FORM APPROVED OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING 12/17/2014 STREET ADDRESS, CITY, STATE, ZIP CODE

was completed by all TCU

prevention multidisciplinary

team was established and is

process. The team consists of

Director of Nursing, Physical

Director of Risk Management,

and Engineering Manager, with

ongoing utilizing the QAPI

the TCU Administrator.

Therapist, RN, LPN, UC,

e) A Transitional Care Unit fall

employees.

(X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 445360 B. WING NAME OF PROVIDER OR SUPPLIER TENNOVA HEALTH CARE-TENNOVA TOU 900 EAST OAK HILL AVENUE KNOXVILLE, TN 37917 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE (NS) COMPLETION DATE PREFIX TAG DEFICIENCY) F 323 Continued From page 2 noted during the huddles are F 323 l shower and hit...head against the shower wall. brought to TCU leadership for Patient states...thought...was able to walk alone resolution. to the bathroom. Instructed to ask for assistance. b) Licensed staff were re-Bed alarm applied. Patient complained of back 05/15/14 educated by the Director of pain after the fall but refused any x-rays the day Nursing on use of Morse Fall of the fall..." Scale and care plan interventions consistent with Continued review of the facility investigation Morse Fall Scale score and dated May 14, 2014, revealed "...Approximately at 1725 pt fell in bathroom while trying to turn [and] policy. Staff on vacation or use tollet. Pt fell in to shower [and] hit head FMLA during this timeframe against shower wall. Pt. did not ask for help to were educated upon return. restroom...figured...was able to go alone, asked c) The falls policy was Policy. pt if therapy told...could go alone...said no, individualized to the specific revised on informed pt that therapy will tell you when needs of the Transitional Care 5/30/14:L able...Interventions Pre-Fall call light within unit, and a separate policy ast reach...Bed low/locked...Frequent rounding...Pt entitled "Transitional Care Unit periodic instructed to call...was staff responding to bed Falls Assessment and review alarm when fall occurred?...N/A [not date Interventions" was developed applicable-did not have alarm 09/24/14 unique to the unit. on]...Recommendation/Action...Fall d) A computer based learning Precautions...Increase Precautions Bed Alarm..." 08/31/14 module was developed, entitled "Falls Continuing Medical record review of a Physician's Order Education - Tennova Transitional Care, This module

dated May 14, 2014, revealed "...CT of Head...lumbar xray if new or worse pain..."

Medical record review of a Physician's Order dated May 15, 2014, revealed "...CT Lumbar/Thoracic Spine stat..."

Medical record review of the Final Report for CT Thoracic Spine dated May 15, 2014, revealed "...There is diffuse osteoporosis...There is mild to moderate proximally 50 percent compression of T [Thoracic] 7 with some sclerosis and with what appears to be a ununited fracture of the endplate of T7...MRI [Magnetic Resonance Imaging] may be useful to further evaluate the thoracic/upper

Facility ID: TN4714

Began

08/19/14

-ongoing

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 12/23/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-039 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING_ COMPLETED 445360 B. WING NAME OF PROVIDER OR SUPPLIER 12/17/2014 STREET ADDRESS, CITY, STATE, ZIP CODE TENNOVA HEALTH CARE-TENNOVA TCU 900 EAST OAK HILL AVENUE KNOXVILLE, TN 37917 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X3) COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 323 Continued From page 3 others invited as needed. All F 323 lumbar compressions to differentiate chronic staff are encouraged to bring compressions from any acute fracture..." any concerns to the members of this team as well as to Medical record review of the CT Lumbar Spine Leadership. Team meetings dated May 15, 2014, revealed "...There is a were initially held weekly, compression fracture seen involving the inferior progressed to monthly, and are endplate of T6. This appears to be acute..." now held quarterly - with To start called meetings at any time if Medical record review of a Physician's Progress with issues arise which need to be Note dated May 15, 2014, revealed "...CT T/L January addressed. Results of this [Lumbar] spine...diffuse 2015 team's activities will be osteoporosis...compression fx-[probably] OSC forwarded to the facility acute...bedrest..." meeting Quality/Safety Committee. Medical record review of a Physician's Order A hospital-wide Dally Safety Began dated May 15, 2014, revealed "...bedrest, up only Huddle was implemented to 08/25/14 [with] assistance to BSC [Bedside identify safety issues such as -ongoing Commode]...consult [named orthopedic group]..." patient falls, and to identify and decrease barriers to Medical record review of the Nursing Note dated patient safety. A member of May 15, 2014, revealed "... Tab alarm on: Call light TCU participates in this [with] in reach, bed low [and] locked. Pt. wants all hospital-wide huddle, which

side rails up...'

acute..."

Abnormal CT, Compression

Medical record review of the MR Thoracic Spine

dated May 16, 2014, revealed "...Fall 5/14/14,

Fracture...Compression fracture seen involving

the inferior endplate of T6. This appears to be

Medical record review of the Physician's Progress

Notes dated May 19, 2014, revealed "...[named

Review of facility policy, Falls Assessment and Interventions, revealed "... The most common approach to fall prevention is the use of a

chosen no treatment [at] present..."

orthopedic group] options discussed...patient has

Began

08/04/14

-ongoing

fosters consistency in falls prevention initiatives and falls

prevention messaging between

TCU and the remainder of the

through standardized shift

reports on TCU that includes

patient falls risk status, which

clearly identifies patients at

risk to fall and interventions

currently in place for each patient to prevent falls.

g) A handoff is also in place

facility.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED: 12/23/2014 FORM APPROVED OMB NO. 0938-0301

STATEM	ENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	2000 4 00			<u>OMB</u>	NO. 0938-0391
AND PLA	AN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUIL	LTIPL DING	LE CONSTRUCTION	(X3	DATE SURVEY COMPLETED
<u> </u>		445360	B. WING	·		ĺ	
•	OF PROVIDER OR SUPPLIER OVA HEALTH CARE-TEI	NNOVA TCU		\$'	TREET ADDRESS, CITY, STATE, ZIP CODE		12/17/2014
(X4) (I	SUMMARY STA	TEMENT OF DEFICIENCIES			NOXVILLE, TN 37917		
PREFI TAG	A (EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		PROVIDERS PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	31 II D BE	COMPLETION DATE
F 32	program of multiple minimize the patient Safety interventions safety interventions addition to the Low I interventionsCons prevention [Tab alam alarms or other at the time of the place at the time of the p	interventions that aims to the risk of fallingHigh RiskThe high risk fall prevention may be considered in Risk Safety ider use of technology for fall ms and/or pressure sensor ms as appropriate]" rector of Nursing (DON), on at 8:30 a.m., in the affirmed the tab alarm was ne of the fall on May 14, at 2:45 p.m., in the firmed LPN #1 found the om in the floor on May 14, at did not have a bed alarm the fall. If an December 16, the conference room the conference room the conference room the conference room oppression fracture (Harm)	F3	23	a) Weekly audits were on a random sample average daily census Morse Fall Scale scoraccurate and interversions in place in the Morse Fall Scale scory validated to be consisted for the Constitution of the Con	of 30% of to ensure is intions on ent with eand tent with POC. Intinue on this of eved. In the earth of ions esults are and on all ings, or tee on a be iof on the earth of th	Began 06/09/14 -ongoing Began 06/09/14 -ongoing Began 06/09/14 -ongoing add to Board agenda by
F 371 SS=F	C/O #33965 483.35(I) FOOD PROC STORE/PREPARE/SE	CURE, FRVE - SANITARY	F 371		until the audits are com	hiered	01/09/15
	The facility must - (1) Procure food from (F371	1)	The TCU Administrator determing no residents were adversely affer this deficiency.	ed that cted by	During the survey

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 12/23/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (XZ) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING . COMPLETED 445360 B. WING NAME OF PROVIDER OR SUPPLIER 12/17/2014 STREET ADDRESS, CITY, STATE, ZIP CODE TENNOVA HEALTH CARE-TENNOVA TCU 900 EAST OAK HILL AVENUE KNOXVILLE, TN 37917 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) MPLETION DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Each resident has the potential to be F 371 Continued From page 5 Dates as F 371 affected by this deficiency; therefore considered satisfactory by Federal, State or local noted the TCU Administrator oversaw below authorities; and implementation of the following. (2) Store, prepare, distribute and serve food actions: under sanitary conditions 3) a) Proper pot washing procedures 01/09/15 were reviewed with involved sanitation staff during the This REQUIREMENT is not met as evidenced survey by the Director of Food and Nutrition Services . The Based on observation, review of facility policy, policy entitled "Cleaning of and interview, the facility failed to maintain a Food and Nonfood Surfaces" sanitary kitchen by not properly cleaning kitchen was reviewed and determined equipment and storing, dating, and labeling to be adequate. All sanitation prepared food. staff will be re-educated on proper procedures by The findings included: 01/09/2015 by the Director of Observation with the Dietary Manager on Food and Nutrition Services via December 15, 2014, at 8:20 a.m., in the kitchen review of this policy. revealed yellow dried food particles on a metal b) Proper storage, dating, and 01/09/15 serving pan, and stored on the baking rack. labeling procedures were reviewed with involved Observation with the Dietary Manager on production staff during the December 15, 2014, at 8:30 a.m., of the reach-in survey by the Chef. The policy freezer revealed two opened, uncovered bags of entitled "Food and Supply french fries and one box of biscuits. Storage Procedures" was reviewed and determined to be

FORM CMS-2567(02-99) Previous Versions Obsolete

cheese.

Observation with the Dietary Manager on

December 15, 2014, at 8:35 a.m., of the prep

container of undated, unlabeled sliced yellow

cooler (prepared food items storage) revealed a

Review of facility policy, Production, Purchasing.

Storage: Food and Supply Storage Procedures,

revised September 2014, revealed "...all food,

non-food items and supplies used in food

Event ID: 081V11

Current

adequate. All production staff

will be re-educated on proper.

procedures by 01/09/2015 by

Nutrition Services via review of

the Director of Food and

c) The policies "Cleaning of Food

and Nonfood Surfaces" and

during new associate training.

"Food and Supply Storage

Procedures" are covered

this policy.

Ongoing

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/23/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES		IT OF DESIGNATION	(X1) PROVIDED/CURRINGUE				<u>OMB NO. 0938-039</u>			
	AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		E CONSTRUCT	TION	(X3) D	ATE SURVEY	`
ı			445360	B. WING	i					
ı	NAME OF	PROVIDER OR SUPPLIER		<u> </u>	ST	PEET ADDRE	SS, CITY, STATE, ZIP CODE	7	2/17/2014	_
	TENNO	VA HEALTH CARE-TEN	IŅOVA TCŲ		90	0 EAST OAK NOXVILLE,	HILL AVENUE			
l	(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	JD JD	1					
-	PREFIX TAG	! (EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH	VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPR DEFICIENCY)	8F	()(6) COMPLETION DATE	N
	F 371	Continued From pag	n R		أيد	d)	Daily line-ups are held in t	he	Current	_
				F 3	71	•	Oletary Department durin		&	
		i to otevent contamin	stored in such a manner as alion" Further review		Į		which patient safety topic		Ongoing	
		revealed " cover to	bel and date unused portions				routinely discussed in an e		- Sugaring	Į
		and open packages.	" and date unosed pontons.				to provide safe care and		ł	í
			'				hygienic sanitary condition	15.	1	ļ
	i	Interview with the Di	etary Manager on December		- }	e)	4.00 % 10 10 10 10 10 10 10 10 10 10 10 10 10	oates	Began	?
		10, 2014, at 8:45 a.n	1 in the kitchen confirmed		ļ	•	In the hospital-wide Daily	757	08/25/14	į
		the facility had failed	to maintain the cleanliness		1		Safety Huddles, so that an	v	-ongoing	!
	į	or the serving pan, a	nd failed to label, date, and		ĺ		issues which impact patier	nt:	ongoing ;	۱ ٔ
	F 270	cover prepared foods	5. ₁		1		safety are able to be quick			į
	F 372	483.35(i)(3) DISPOS	E GARBAGE & REFUSE	F 37	2		escalated to the hospital			ı
	SS=F	PROPERLY	4		İ		leadership team for resolu	tion.	į	Ī
	i	The facility must disc	ass of one-base and ass		'	4)				1
		properly.	ose of garbage and refuse		ı	a)	A specific line Item was ad		Audits	1
	ļ	Et. and					to the existing Food Safety	/ & T	started	I
							Sanitation Audit form to		week of	ı
		This REQUIREMENT	is not met as evidenced				inspect a random sample of	of 30	12/29/14	ı
	•	by:	·		-		pots/pans per week for		J	ı
	-	Based on observation	n, review of facility policy,				cleanliness. Any noted		1	ı
		and interview, the fac	ility failed to maintain a		ĺ		deficiencies will be used as	i,a		ı
] ;	clean area at the dum	psters for one of two				learning tool for staff and			
	[]	dumpsters reviewed.			ļ		leadership. Audits are		}	ļ
	! •	The findings included:					conducted by the Director	of	ļ	ĺ
		···- (())-(()]-(())-(()()()()()()()()()()()()			į		Food and Nutrition Service	s or		l
	i d	Observation with the D	Dietary Manager and the				the Manager on Duty. A specific line item was add	أ سيدو	يرف د د	1
		≓⊓vironmental Manag	er on December 15, 2014.		-				Audits	l
	[6	at 2:45 p.m., of the du	mpster area revealed one		!		to the existing Food Safety Sanitation Audit form to	o.	started	
	[4	Jumpster with a stead	v stream of milky blue liquid				Inspect all food in one rand		week of	
	C	training from under th	e dumpster, and pooled		i		cooler / refrigerator per we	UDI I	12/29/14	
	٤	igainst an adjoining b	uilding, Continued				for proper storage, dating,	204		l
	1.5	bservation revealed a	congealed white				labeling. Any noted deficier	oriu Teine		
		substance on the pave	मास्या(.		-		will be used as a learning to	icies		
	F	Review of facility police	y, Sanitation and Infection		1		for staff and leadership. Au			
	lò	Control: Solid Waste C	Disposal, revised January				are conducted by the Direc		ļ	
	2	014, revealed "food	waste and rubbishwill be				of Food and Nutrition Servi		i	ĺ
_		· · · · · · · · · · · · · · · · · · ·	The state of the s				or the Manager on Duty.	-,		
_					Г					

DEPAR CENTE	TMENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES				FORM): 12/23/2014 MAPPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	:	CONSTRUCTION	(X3) DA) <u>. 0938-0391</u> TE 6URVEY MPLETED
NAME OF	PROVIDER OR SUPPLIER	445360	B. WING			12	/17/2014
	A HEALTH CARE-TEN	INOVA TCU		900	EET ADDRESS, CITY, STATE, ZIP CODE EAST OAK HILL AVENUE DXVILLE, TN 37917		
(X4) ID PREFIX TAG	LEACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES (CROSS-REFERENCED TO THE APPROPRIES (CROSS-REFERENCE))) RE	(X3) COLUMN DATE
F 372	disposed of in an ap contamination" Interview with the Di Environmental Mana at 2:55 p.m., at the	proved manner to prevent proved manner to prevent etary Manager and the ager on December 15, 2014, lumpster area confirmed the dispose of garbage and	F3	7.2	c) Results of audits and act taken in response to response to response to the hospiwide Quality/Safety Committee on a monthly basis and the infection Control Committee of the consecutive months of from Control Practitive infection Control indicate potential indicate	ults will ltal- mittee he ttee dom 6 uil oners t of ns ential	To start with January 2015 OSC meeting: Add to the ICC agenda by 01/09/15 Current & Ongoing
			F372	1)	The TCU Administrator determined no residents were adversely affect this deficiency.	ed by	During the survey
The second secon				2)	Each resident has the potential to la affected by this deficiency; therefor the TCU Administrator oversaw implementation of the following actions:	re i	Dates as noted below

PRINTED: 12/23/2014 FORM APPROVED

Transitional Care Unit. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17/14. 12/17	(X3) DA	
NAME OF PROVIDER OR SUPPLIER TENNOVA HEALTH CARE-TENNOVA TCU (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE PREFIX TAGE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A licensure survey and complaint investigation #33965, were completed on December 16, 2014, through December 17, 2014, at Tennova Transitional Care Unit. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes. A licensure survey and complaint investigation #33965, were completed on December 16, 2014, through December 17, 2014, at Tennova Transitional Care Unit. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes. A licensure survey and complaint investigation #33965, were completed on December 16, 2014, through December 17, 2014, at Tennova Transitional Care Unit. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes. A licensure survey and complaint investigation #33965, were completed on December 16, 2014, through December 17, 2014, at Tennova Transitional Care Unit. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing The dumpster a reviewed with in during the surv Manager. The p "Large Compact reviewed with in during the surv Manager. The p "Large Compact reviewed with in during the surv Manager. The p "Large Compact reviewed with in during the surv Manager. The p "Large Compact reviewed with in during the surv Manager. The p "Large Compact reviewed with in during the surv Manager. The p "Large Compact reviewed with in during the surv Manager. The p "Large Compact reviewed with in during the surv Manager. The p "Large Compact reviewed with in during the surv Manager. The p "Large Compact reviewed with in during the surv Manager. The p "Large Compact reviewed with in during the surv Manager. The p "Large Compact reviewed with in during the surv Manager. The p "Large Compact reviewed with in during the surv All as the survey L	[· CO	TE SURVEY MPLÈTED
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	regineering staff on a procedures for a rea were in involved staff reey by the Plant policy entitled actor" was determined to be applicable aff will be reproper 01/09/2015 by ager via review rege Compactor" ing new ling. The Engineering articipates in the Daily Safety trany issues eatlent safety are kly escalated to	Current & ongoing Began 08/25/14 ongoing
on of Health Care Facilities RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE		VEN DATE
mela B. Roscies 474A	(2	KB) DATE

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Division of Health Care Facilities STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER A. BUILDING: COMPLETED TN4714 B. WING _ 12/17/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST OAK HILL AVENUE TENNOVA HEALTH CARE-TENNOVA TOU KNOXVILLE, TN 37917 SUMMARY STATEMENT OF DEPICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (XS) COMPLETE PREFIX TAG TAG DATE N 000 Initial Comments N 000 3) A licensure survey and complaint investigation The dumpster area was 12/17/14 #33965, were completed on December 15, 2014, cleaned by Engineering staff on through December 17, 2014, at Tennova 12/17/14. Transitional Care Unit. No deficiencies were cited b) Dally cleaning procedures for under Chapter 1200-8-6, Standards for Nursing 01/09/15 the dumpster area were Homes. reviewed with involved staff during the survey by the Plant Manager. The policy entitled "Large Compactor" was reviewed and determined to be adequate. All applicable Engineering staff will be reeducated on proper procedures by 01/09/2015 by the Plant Manager via review of this policy. c) The policy "targe Compactor" Current is covered during new & associate training. ongoing d) A member of the Engineering Department participates in the Began hospital-wide Daily Safety 08/25/14 Huddles so that any issues ongoing which impact patient safety are able to be quickly escalated to the hospital leadership team for resolution. Division of Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE:

ND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER	(X2) MULT	PLE CONSTRUC IS 01 - MAIN BI	STRON	OMB NO	M APPROV O. 0938-0: ATE SURVEY IMPLETED
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(X4) (D PREFIX TAG		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	1EAUN	TN 37617 DVIDER'S PLAN OF CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROLEMENCY)	and the second	COMPLETE BATE
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Any deficiency statement ending with an asteriak (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other sategularits provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 program barticlosition.